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Abstract

This article examines how practitioners engage with parents who have been referred to parenting programmes. Engaging parents is an important component of child welfare work so that parents can benefit from interventions and outcomes for children can be improved. However, our knowledge of engagement is still developing and research in the field is frequently based on self-reported data. This study used Conversation Analysis to examine direct recordings of initial telephone conversations between parenting practitioners and parents following their referral to the service. Results revealed that in the majority of calls, practitioners focused on the primary task of making arrangements for the service, but in a minority of calls, practitioners departed from the usual progress of the call to ask parents about the difficulties they were facing. When they did so, practitioners committed themselves to substantial additional work listening to the parent and extending the length of the call. However, they also pursued different actions to engage the parent with the service that were built up incrementally in the talk. By examining three particular features of practitioners' talk during these sequences, the article considers how a practice phenomenon such as engagement may be purposefully worked up moment by moment.

Keywords: Conversation analysis, engagement, family support, parenting programmes, professional practice

Introduction

This article is concerned with how parenting practitioners engage with parents who have been referred to a parenting programme. Since the millennium, formalised parenting interventions have become an important plank of child welfare policy to improve outcomes for children (Home Office, 1998, Department for Education and Skills, 2006, Department for Children Schools and Families, 2007, Allen, 2011). Although some have argued that such interventions represent the imposition of

middle class values on working class families (Gillies, 2005a, Gillies, 2005b), systematic reviews have shown that when they are delivered by qualified staff, such interventions have a small, but positive effect on parenting capacity (Barlow et al., 2002, 2006, 2010, 2011, Woolfenden et al., 2001). However, even though parents may benefit from such interventions, significant numbers do not engage with the intervention, or drop out of the intervention before completing it (Gibbs et al., 2006, Lindsay et al., 2008, Scott and Dadds, 2009). In a study of mandatory attendance at a parenting programme, Holt (2010) found that parents commonly experienced a sense of shame through a 'spoilt identity' and even when parents are referred to voluntary family support services, their behaviour will still be monitored for signs of risk and harm (Quinton, 2004) with the potential for further intervention (Pinkerton, 2000). All of these factors affect parents' decisions to engage with services (Whittaker et al., 2014). Coulter's (2007) study of a family trauma centre found that some parents made decisions not to access the service after the impressions that were made after the very first conversation. Investigating what happens during these first conversations might therefore help to improve the engagement of parents with such programmes.

This article focuses on the interactional production of engagement in the initial contact between parents and parenting practitioners. It does so by examining the recordings of 28 initial telephone conversations made by six practitioners to parents referred to parenting programmes. Conversation Analysis (CA) was used to collect, transcribe and analyse the recordings for evidence of how the speakers negotiated the different interactional tasks in the call. Surprisingly, the practitioner asked about the parent's current difficulties in only seven calls. By using CA, these questions were examined in relation to their sequential location in the overall call and the consequences of doing so. By drawing on the concepts of alignment, affiliation and formulations, I argue that practitioners used these questions as a purposeful means of engaging the parent and that these findings offer new insights into how engagement is achieved in action.

Background

Evidence based parenting programmes have become an established feature of the family support landscape. Successive New Labour governments implemented a strategic framework in the creation of the National Parenting and Family Institute (Home Office, 1998) and the role of the local authority Parenting Commissioner (Department for Education and Skills, 2006), while requiring that such programmes be made available to parents (Home Office, 1998, Department for Education and Skills, 2003) and training a parenting workforce to deliver them (Home Office, 2006, Department for Education and Skills, 2007, Department for Children Schools and Families, 2007). Parenting programmes have been used as both a part of universal family support services and as a mandatory instrument of state intervention through, for example, Parenting Orders. Although there has been little policy development in this field since the 2010 election, parenting programmes remain a feature of family support services as part of the Early Intervention agenda (Allen, 2011) and political speeches to promote outcomes for children (Cameron, 2016).

The mandatory use of parenting programmes has led to critiques that they represent the unwarranted intrusion of the state into the private sphere of the family (Furedi, 2008) and are a means of traducing working class life by the imposition of state sanctioned middle class values (Gillies, 2005a, 2005b). However, a series of systematic reviews have shown that when properly resourced and delivered by qualified practitioners, parenting programmes have benefits for parents (Barlow et al., 2002, 2011) and children (Barlow et al., 2006, 2010, Woolfenden et al., 2001). One of the most significant barriers to parents and children benefiting from such interventions is engaging parents with the programme itself (Axford et al., 2012). Successive studies have found that between a quarter and a third of parents who begin a programme, do not complete it (Gibbs et al., 2006, Lindsay et al., 2008, Scott and Dadds, 2009). A second issue is that many parents who are referred or recruited to parenting programmes do not attend a single session (Baker et al., 2011). Government efforts to make parenting programmes universally available managed to recruit only 2956 parents against a 'substantially over optimistic' target of 20,000

(Lindsay et al., 2014). As a result, substantial numbers of parents who might benefit from such programmes are being 'underserved' because of barriers to their engagement (Snell-Johns et al., 2004).

One of the difficulties in the field is that the concept of engagement has been understood variously as an intra- and interpersonal phenomenon, an antecedent or a product of a parent's participation, a process of interaction or an outcome of it, and driven by either the worker or the parent (Altman, 2008). Platt's (2012) integrated model of engagement incorporated different components that affect engagement in relation to factors associated with the parent, the practitioner and the organisational context, and most research has focused on identifying factors at each of these three different levels. For example, parent-related factors have included feelings of blame and stigma (Kemp et al., 2009); the influence of family (Perrino et al., 2001); the presence of depression (Mendez et al., 2009); status as a lone parent (Parent et al., 2011) and low family income (Reyno and McGrath, 2006). Recommendations have been made for services to address these issues by providing transport and childcare (Whittaker and Cowley, 2012), making use of accessible information (Barrett, 2009), conducting home visits (Butt, 2009) and using video testimonials from parents who had successfully completed the programme (Morawska et al., 2011). At the practitioner level, recommendations include having effective communication skills (Barrett, 2009) and relationship building skills (Axford et al., 2012), including the use of empathy (de Boer and Coady, 2007), being open and honest (Platt, 2008) and using 'small talk' (Drake, 1994).

Platt's model also includes an interactional component which is often acknowledged in studies, but rarely made the focus. One example is that a parent may have perceptual barriers that the benefits of the service might not be worth the cost of the effort involved (Whittaker and Cowley, 2012). Evidence of this is present in the accounts of parents interviewed by Butt (2009) who were concerned that they would be labelled 'bad parents' and 'told what to do' by practitioners, all of which can be associated with feelings of blame and stigma (Kemp et al., 2009) and what Holt (2010) described as parents experiencing a 'spoiled identity'. Some studies have

found that the interactions between practitioners and parents may account for the differences in their relationship more than their individual qualities (Dumbrill, 2006, de Boer and Coady, 2007) and this is supported by Whittaker and Cowley's (2012) point that more research needs to examine what happens at the 'interface' of service encounters. One of the limitations of most studies in the field is that they are based on self-reported data such as interviews, meaning that the actual interactions are not available for analysis, but a growing number of researchers are addressing this by collecting direct recordings as the basis for understanding social work practice (Forrester et al., 2008, Hall et al., 2014, Ferguson, 2016, Wilkins et al., 2017). The current article aims to contribute to our understanding of the 'interactional component' of engagement by examining the 'interface' of initial telephone conversations between practitioners and parents referred to a parenting programme.

Methodology

This article draws on Conversation Analysis (CA), an approach that makes recordings of 'naturally occurring' interactions (ten Have, 2007), transcribes them in sufficient detail to capture paralinguistic and prosodic features such as pitch, pace and pauses (Jefferson, 2004) and analyses them with a sensitivity to the way that speakers pursue actions over sequences of talk (Schegloff, 2007). Contrary to Chomsky's view of spoken conversation as too disorderly to investigate empirically, conversation analysts have shown how speakers produce their talk in finely coordinated ways, such that there is 'order at all points' (Sacks, 1984). CA researchers have shown how speakers achieve tasks through interaction such as receiving a compliment (Pomerantz, 1984) and making requests (Drew and Couper-Kuhlen, 2014), and is increasingly being used to investigate professional practice in fields such as general medical practice, mediation services and childbirth helplines (Antaki, 2011). By making a very close analysis of the details of the actual interaction, CA provides an empirical basis for investigating practice phenomena such as engagement across numerous examples of a single type of conversation. In order to achieve this, this

article draws on the analysis of 28 initial telephone conversations between practitioners and parents referred to a parenting programme. The initial calls were selected as they represent an opportunity to 'build on and capitalise on relationships with potential service users' (Axford et al., 2012) and may therefore offer insights into how practitioners work to engage parents from the very first point of contact.

Data collection

Directors of Children's Services in three local authorities gave permission to approach local services that delivered parenting programmes. From these authorities, 18 services were identified and emailed about the study. Seven services offered invitations to attend team meetings to explain the study and at these, 14 practitioners from five services agreed to make recordings of their initial calls to parents. Separate meetings were arranged with these practitioners to complete the consent forms and explain how to use the recording equipment.

Parents would not initially know that they were being recorded so particular steps were taken to ensure consent was sought at the earliest opportunity, drawing on methods used in an Australian study of calls to a children's helpline (Butler et al., 2010) and a UK study of calls to a child protection helpline (Potter and Hepburn, 2003). After practitioners introduced themselves, they explained the study and asked for consent, offering to switch off the recorder if the parent declined. A page of information was provided to practitioners with answers to anticipated questions, including contact details of the researcher. Following other research involving the collection of sensitive data, practitioners were required to reconfirm consent at the end of the call (or subsequently, and confirmed in writing) (Miller and Bell, 2002). Ethical approval was granted by the School for Policy Studies Ethics Committee at the University of Bristol and funding was provided for a 1+3 studentship by the Economic and Social Research Council.

Of the 14 practitioners who consented, six practitioners from three services were successful in making recordings. Reasons given by the other eight practitioners included a perceived lack of relevance of the referral, a view that a referral was too sensitive to ask for consent, a lack of referrals coming through to the service at the time, and an acknowledgement that when it came to pressing the record button, the practitioner did not feel comfortable in recording their own practice. Because of the difficulties in collecting data, ethical consent was granted to include six recordings made by the researcher for a Masters study (in these calls, the recording was only started after consent had been given) (Symonds, 2011). Data was also sought on parents' involvement with the service beyond this conversation, but the range of different service timescales and the lack of this part of data completion meant that it was not possible to include this data in the analysis.

In total 51 recordings were made, but 20 had to be excluded from analysis for reasons presented in Table 1 (Symonds, 2015).

Table 1: Reasons for exclusion of recordings in analysis

Total recordings	51
Incomplete recording (lead not fully inserted in microphone socket)	11
Practitioner did not ask for consent	2
Parent declined consent	4
Practitioner lost contact with parent to confirm consent	2
Recording ended abruptly after consent was given	1
Total number of calls eligible for analysis	31

All practitioners who made recordings were female and had experience working in child welfare services ranging from four to 19 years. Only one practitioner was a qualified social worker. In three calls, the call ended with agreement for no service (for example, because the parent had already started a parenting programme) and this article considers the 28 calls where a service was arranged. 25 of the calls were

with women, (mainly but not exclusively mothers), the other three were with men (including one grandfather).

Results

In calls where there was agreement for ongoing service, the speakers negotiated four interactional tasks, which were present in each of the 28 calls and always occurred in sequence. First, the speakers identified each other. Second, they worked to establish what the purpose of the call was (such as arranging a parenting programme). Third, speakers made arrangements for the service which had three components: agreeing the exact form that the service would take (in some calls, it was agreed that the parent would receive individual support at home rather than attend a parenting programme); agreeing the place that the service would be delivered; and agreeing the time that the service would happen (the discussion of time and place were interchangeable). Finally, the speakers worked to close the call. There were many other topics that were discussed in the calls including access needs, childcare arrangements and the weather, but they were all related to this overall framework of the calls. These four tasks therefore represented a minimal requirement to successfully completing the administrative task of processing the referral.

In 21 calls, practitioners focused on just this sequence of interactional tasks and the length of these calls was relatively short, the average being six minutes. In the other seven calls, however, two of the practitioners deviated from a purely administrative approach by pursuing more personal details from the parent about the difficulties they were facing at home. Practitioners did this at the same point in each call, after having established the purpose of the call, but before making any arrangements. A typical example of how practitioners approached this question is given in Extract 1. For the purposes of distinguishing the speakers, 'Wor' has been used to denote the worker rather than practitioner. 'Par' denotes the parent. The element that is the focus of analytic interest is highlighted in bold. The time stamp indicates that this

extract begins just before two minutes into the conversation and the parent has just confirmed that she is interested in the parenting programme to which 'Bonnie' has referred her.

Extract 1

YS 01.52 – 02.11

01 Wor: Yes so I've had some information: from
02 Bonnie, but it would be really helpful to me
03 if you could just .hh tell me a little bit,
04 .h about **what's going on: (0.4) for you with**
05 **the children at the moment.**
06 (1.0)
07 Par: Uhm: (0.9) mt well (hh) .hh I'm struggling to
08 control em if th(h)at's what yo(h)u mean like
09 [uhm,]
10 Wor: [Oh] kay,

In this, and other calls, the practitioner did not ask her question directly, but went to considerable effort to introduce it. She began her turn by acknowledging that she already had information from Bonnie. Given that the practitioner already had 'some information' from the referral, the parent might have questioned the need to provide any further details. The practitioner's acknowledgement of this represented a pre-emptive move to counter such potential resistance before the contrastive 'but' set up her request which followed. Clayman and Heritage (2014) claimed that when people face 'actual or anticipated resistance' to their request, they may design their request in such a way as to 'emphasize the benefits and minimize the costs in pursuit of an accepting response' (p88). This practitioner clearly did this in what follows by setting out the value of providing such information as being 'really' helpful, personally 'to me'. She also minimised the amount of information needed from the parent by using the terms 'just' and 'a little bit' (line 3), and gave a very broad scope for relevant information related to 'what's going on' rather than anything specifically

denoting a problem. Given that the speakers had only just introduced themselves, it is perhaps unsurprising that an enquiry into the very personal matter of parenting difficulties would be treated in such a delicate way (and may offer one explanation of its absence in so many other calls). However, if practitioners sought to enquire about the parent's difficulties, it may be necessary to ask them at such an early point in the call. In the overall sequence of the calls, this was the only position where this question was asked and when practitioners went straight to making arrangements for the service, the opportunity to explore the parent's circumstances was not taken up.

Evidence of the delicate nature of the practitioner's question is supported by the response of the parent. Conversation analysts seek to find evidence to support their findings by looking at the detail of how the next person responds, in what has been called the 'next turn proof procedure' (Sacks et al., 1974). In Extract 1, the parent allowed a full second of silence to elapse before saying anything, then followed this with hesitations, breathiness and other sounds of perturbation (line 7). All these are markers that the parent had some form of 'trouble' with meeting the request and this is further indicated when the parent began her turn with 'well', suggesting that the answer is not a straightforward one (Schegloff and Lerner, 2009). Eventually, however, the parent identified the underlying intent of the question in that she was 'struggling to control' her children (lines 7-8). At this point, the parent displayed considerable uncertainty as to how the practitioner would treat this admission, but when the practitioner acknowledged this and offered the opportunity to expand further, the parent developed an extensive narrative over 200 lines of transcript.

In other calls where practitioners attempted to elicit such narratives, the requests were marked with similar features, providing evidence of the amount of effort made by these practitioners to introduce the topic of the parent's home circumstances. There were varying degrees of difficulty displayed by parents in responding to this request, but when given the space to do so, they went on to describe deeply personal matters including incidents of domestic violence, sexual abuse in the family and mental illness. Even when parents had completed these accounts, they

sometimes expanded further on them during later stages of the call, such as making arrangements for the service.

Eliciting a narrative made the calls substantially longer (the average length of these calls was 20 minutes) and involved considerable additional commitment to listen to them. In considering the reasons why practitioners would undertake this work, I will consider three actions that practitioners pursued during these narratives and which, I argue, build incrementally towards engaging the parent. The first two actions relate to alignment and affiliation with the parent's narrative. The third draws on the use of formulations to orient the parent towards the aims of the service.

Alignment

Speakers manage their conversation by taking turns and these are organised into 'adjacency pairs' that are closely matched in relevance to each other, such as a question and an answer (Sacks et al., 1974). The first part of an adjacency pair places constraints on what can appropriately be said in the second part and when the second speaker conforms to these constraints in their turn, they can be described as 'aligning' with the first speaker (Stivers, 2008). In institutional encounters, speakers tend to treat the practitioner as having greater rights to ask questions, initiate arrangements and close topics of conversation which the lay member aligns with in their responses (Drew and Heritage, 1992). However, when practitioners elicited a narrative of the parent's difficulties, they created a slot for the parent to tell their 'story', temporarily granting them first position. Stivers (2008) argued that when a person tells a story, the listener can demonstrate their alignment by making utterances at points at which they might have rights to speak, but minimising these utterances to reflect their commitment to a 'listening position'. When practitioners elicited a narrative from parents, they took opportunities to align with the parent by minimising their utterances in this way, as in Extract 2.

Extract 2

NB 02.54 – 03.17

01 Wor: [What's he doin?]
 02 Par: [E's just erm] (0.7) it- it doesn't matter
 03 how many times I ask him say to tidy his
 04 roo[m or] something, (0.2) um take away
 05 Wor: **[Yeah,]**
 06 Par: privileges, anythink.
 07 Wor: **°Right,° o[kay.]**
 08 Par: [Any]- any sort of punishment that
 09 you try and do it does not faze him at the
 10 moment, he's just-.hhh he's sta- started tuh:
 11 not come in from school, I've got to go out
 12 and find him,
 13 Wor: **[°O k ay°]**
 14 Par: [Cos he's] just going to friends' houses,
 15 he's .hhh he's j'st- (0.5) he's j'st turned.

In this extract, the mother was relating the difficulties she had finding an effective consequence for her son's behaviour. As the parent developed her account, the practitioner spoke at points where the transition of turns could be relevant, but kept her turns designedly short with utterances in lines 5, 7 and 13, thereby orienting to the parent's (temporary) right to control the narrative and determine its direction.

Although practitioners still asserted their rights to bring such narratives to a close by moving the conversation on, this narrative sequence provides evidence of practitioners showing a concern for the otherwise unequal balance in their interaction and occasionally took action to mitigate it. It was only because they had elicited such a narrative that it was then possible to align with the parent in this way and represented one way by which the practitioner could develop a project of engagement.

Affiliation

Having aligned with a parent's narrative, practitioners sometimes pursued a second action of affiliating with them. In her article, Stivers (2008) proposed that speakers achieve this when they use their turn to adopt, or claim access to, the affective stance of the other person. In Extract 3, the parent has been describing the difficulties with her daughter's behaviour and the possible relevance of recent bereavements in her family.

Extract 3

YT 08.03 – 08.15

01 Par: But I feel like keep myself control, but I'm
02 just like .hhh ↑go:d >what am I gonna do
03 next,<
04 Wor: A(hhhh) .uh .hhh yeah well **I'm not surprised**
05 **you feel like that,**
06 (0.3)
07 Wor: **Yeah that's (.)**
08 Par: Mm
09 Wor: =°**Really difficult°**, **really really difficult.**

The parent summarised her attempts to cope with the bereavement as trying to stay in 'control' (line 1), followed by a mark of exasperation at the uncertainty of what she would 'do next' (lines 2-3). The practitioner's response, that she was 'not surprised' (lines 4), marks the parent's response to the bereavement as one that she could understand (and therefore access in her own mind). After a brief pause in which the parent did not respond, the practitioner underscored her appreciation of the seriousness of the situation with her repeated emphasis of how 'difficult' it was (line 9), marking a further attempt to match what she perceived as the emotional content of the parent's narrative. This action of claiming access to the emotional content of a prior turn is what Heritage (2012) has described as 'empathic communion' and represents a second means by which practitioners pursued a project of engaging with the parent in these calls.

Formulations

As parents' narratives progressed towards completion, practitioners occasionally used formulations to make relevant the end of the narrative. In a CA study of psychotherapists' talk, Antaki and colleagues showed how diagnostic formulations worked to respecify the client's underlying psychological state in such a way that pointed it in a 'therapeutically-oriented direction' (Antaki et al., 2005). In a similar way, practitioners in the current study worked to formulate the difficulties in a parent's narrative in such a way that made it amenable to an institutionally relevant goal, such as attending a parenting programme. When formulations were used, they represented a bolder move by practitioners not just to claim access to, but also to respecify the emotional state of the parent. In Extract 4, Diana has been describing how her daughter has contributed to her depression.

Extract 4

ND 11.28 – 11.48

- 01 Par: And this is the respect I get from her,
02 Wor: °Yeah.°
03 (0.4)
04 Par: I h you know (0.5) I didn't bring her into
05 the wor:ld, for her to (.) for (.) me and her
06 not to get on,
07 Wor: =°Yea[h°,]
08 Par: [And] me and her to struggle with each
09 other,
10 Wor: **=>So I suppose< [what I'm hearing from you**
11 Par: [I want her : : :
12 Wor: **Di]ana then is that you really really**
13 Par: like]
14 Wor: **want a better rel↑ationship with Jenny.**
15 (0.7)

16 Par: That's it!

Diana's complaint has been that her daughter will not listen to her and she cites this as the reason that they do not 'get on' (line 6) and 'struggle with each other' (lines 8-9). The implication is that Jenny is the person that needs to change, but the practitioner's formulation reframed this complaint as a desire to 'want' a 'better relationship' with her daughter (lines 10-14). Not only did the formulation propose a different psychological state for Diana (from complaint to desire), it also respecified the service intervention that would be implicated, away from individual work with Jenny and towards relationship based work with Diana. Given that this service worked with parents to change their own behavior as a means to improve their relationships with children, the formulation also worked to orient Diana towards a service that could be offered. When Diana accepted this formulation ('that's it', line 16), it set a collaborative direction towards making arrangements for the service (as they went on to do later in the call). Using formulations in this way may present risks if the parent rejects the psychological state proposed, but when successful, they simultaneously convey an understanding of the parent's difficulties and work to orient the parent towards a goal that is both child-centred and feasible for the service to deliver.

Discussion

This article has set out to examine how practitioners engaged with parents referred to parenting programmes. By examining recordings of actual practice, it has shown how practitioners took opportunities to build relationships with parents by eliciting a narrative of their difficulties. By drawing on the methods afforded by CA and the concepts of alignment, affiliation and formulations, the article has identified specific actions that practitioners pursued in the fine detail of their interactions. It is the first study of parental engagement with parenting programmes that uses direct recordings of practice and has a number of implications for our understanding of engagement and for parenting practitioners.

One of the factors associated with parents not engaging with parenting programmes is how they will be perceived, whether through being labelled as bad parents (Butt, 2009), or through an experience of shame that results in feelings of blame and stigma (Kemp et al., 2009). These processes are inextricably linked with the way that the public display of personal difficulties is managed by institutional representatives in positions of relative power. When parents in these calls were asked about the difficulties they were facing, they were being asked to display these difficulties with the associated risks for how they would be judged. This would account for the delicacy in which practitioners approached this question, and in the troubled responses from parents who, at that point, could not be sure how the practitioner would respond. Asking the question at all represents an interactional moment in which issues of blame, stigma and engagement are at stake for both parties.

One way to minimise this risk was not to ask the question at all and treat the initial call as managing a purely administrative task. However, when practitioners did ask the question, and created interactional space for the parent to expand, parents took the opportunity to tell their story in much more detail. By aligning and affiliating with the parent's situation, and offering formulations to orient them towards the service, practitioners demonstrated how the initial request could be built up into a sequence of engagement even within the context of an initial call. This might contribute to a first impression which, as Coulter (2007) argued, could be an influence on the parent's decision to engage with the service. Practitioners might therefore feel encouraged to elicit narratives of difficulties from parents even if they do so this soon after they have introduced themselves in the call.

An important consequence of eliciting a narrative of difficulties is that it extended the length of the conversation by more than three times. This has important implications for the time practitioners have to manage such conversations and the resources that are made available to enable them to do so. Practitioners under pressure have reduced time to commit to listening to such narratives and avoid asking for them as a result. Certainly, the impact of local authority funding cuts at

the time of the data collection was resulting in the loss of several experienced practitioners from services and increased pressure on those who remained. If more time was available to elicit narratives in order to engage more parents with parenting programmes, investing in practitioner time to enable them to do so may be an effective use of resources that would need to be investigated in further research.

The findings also contribute to our understanding of the interactional component of Platt's (2012) integrated model of parental engagement. By identifying practices at the interactional level that can be built up towards the phenomenon of engagement, this study represents an early example of how the model might be supported by empirical investigation. In particular, it has shown not just that displays of listening and empathy are important, but also how the conditions for their deployment may be created through the sequence of interaction. For example, empathy is frequently cited in studies of engagement as an important skill for practitioners to use (Spratt and Callan, 2004, Chand and Thoburn, 2005, de Boer and Coady, 2007). This study has shown that there are particular opportunities to display empathy during a parent's narrative of difficulties but that the presence of these narratives was dependent on the practitioner having elicited it in the first place. They also appeared in a particular sequential location in the calls, before making arrangements for the service. An understanding of the consequences of the sequences of conversations may improve practitioner skills in making strategic decisions in managing their interactions and may be applied more broadly to other social work settings such as initial assessments or child protection investigations.

There are limitations to the study which should be considered, one of which is the absence of meaningful data on how many parents actually attended the programme. This prevents claims being made as to whether there was an association between eliciting a narrative and the eventual engagement of the parent with the service. The development of outcome measures in relation to social work practice is already underway (Forrester et al., 2008, Whittaker et al., 2017), but Ekberg et al. (2015) have argued that a focused analysis of interactional phenomena may be a necessary

first step before testing associations with more distal outcomes. A second limitation is that the focus was only on the initial conversations and did not collect data on subsequent interactions such as during home visits. These have been argued to be a factor in engaging parents with parenting programmes (Butt, 2009) and further research could develop this understanding by the systematic collection of recordings of subsequent interactions. Such research would enable insights to be developed about how the process of engagement gets built up beyond a single conversation. Although there is a multitude of practice situations yet to be examined through such methods, the growing access to direct recordings of practice presents important possibilities for progressing our understanding of social work practice in the future.

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